

EXHIBIT B



September 6, 2019

Prepared for JEFFERY D LAWHON, a member of
CMFG LIFE INSURANCE COMPANY

JEFFERY D LAWHON
3350 A HOLLANDS BRANCH RD
BARBOURSVILLE WV 25504

Personalized documents – please
review and save for your records.

Questions? Call 1-888-787-8243

Policy: LC0127434
Insured: JEFFERY D LAWHON

Dear JEFFERY D LAWHON,

Enclosed is your TruStage insurance policy you requested. Please review your policy issued by CMFG Life Insurance Company and save it in a secure place. Congratulations on taking this important step to help protect your family's future. You've made a great choice.

For more than 80 years we've helped hard-working Americans succeed. People-first service remains the core of our culture. We'll strive to exceed your expectations every day—with every call, every question, and every claim. We're here to protect you and the people who matter most in your life.

We're here when you need us. If you have questions call 1-888-787-8243.

TruStage Service Center

Paying your bill has never been easier—no login required. Make a secure one-time payment online at **TruStage.com/PayMyBill**.

CMFG LIFE INSURANCE COMPANY
STATEMENT OF POLICY COST AND BENEFIT INFORMATION

PREPARED FOR: JEFFERY D LAWHON

SEX: Male

ISSUE AGE: 56

DATE PREPARED: September 6, 2019

POLICY NUMBER: LC0127434

Your plan of insurance consists of the following:

Plan Name: Simplified Term to Age 80 (SI Term)

Plan Description: Term life insurance with premiums that increase at ages 30, 35, 40, 45, 50, 55, 60, 65, 70, and 75. Premium increases for males start at age 35. Death benefits are level with coverage ending at age 80.

<u>POLICY YEAR</u>	<u>BEGINNING OF YEAR GUARANTEED ANNUAL PREMIUM</u>	<u>BEGINNING OF YEAR GUARANTEED DEATH BENEFIT</u>	<u>END OF YEAR GUARANTEED CASH SURRENDER VALUE</u>
1	\$1,441.20	\$70,000.00	\$0.00
2	\$1,441.20	\$70,000.00	\$0.00
3	\$1,441.20	\$70,000.00	\$0.00
4	\$1,441.20	\$70,000.00	\$0.00
5	\$2,239.20	\$70,000.00	\$0.00
6	\$2,239.20	\$70,000.00	\$0.00
7	\$2,239.20	\$70,000.00	\$0.00
8	\$2,239.20	\$70,000.00	\$0.00
9	\$2,239.20	\$70,000.00	\$0.00
10	\$3,406.80	\$70,000.00	\$0.00
11	\$3,406.80	\$70,000.00	\$0.00
12	\$3,406.80	\$70,000.00	\$0.00
13	\$3,406.80	\$70,000.00	\$0.00
14	\$3,406.80	\$70,000.00	\$0.00
15	\$5,347.20	\$70,000.00	\$0.00
16	\$5,347.20	\$70,000.00	\$0.00
17	\$5,347.20	\$70,000.00	\$0.00
18	\$5,347.20	\$70,000.00	\$0.00
19	\$5,347.20	\$70,000.00	\$0.00
20	\$8,757.60	\$70,000.00	\$0.00
Age 60	\$2,239.20	\$70,000.00	\$0.00
Age 65	\$3,406.80	\$70,000.00	\$0.00
Age 80	N/A	N/A	N/A

Cost Comparison Indexes

Net Payment Index

Surrender Cost Index

10 Years

\$28.08

\$28.08

20 Years

\$43.09

\$43.09

The comparison indexes are one way to compare the relative costs of two or more similar policies over a 10-year or 20-year period, assuming you do not surrender the policy. In general, a policy with a smaller index number is a better buy than a similar policy with larger index numbers.

This information does not recognize that, because of interest, a dollar in the future has less value than a dollar today.

This data is for demonstration purposes only. If it is different from the policy, the terms of the policy will prevail.

If you have any questions concerning this policy summary, write us at:

CMFG Life Insurance Company
2000 Heritage Way
Waverly IA 50677

SUMMARY OF THE WEST VIRGINIA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT AND NOTICE CONCERNING COVERAGE LIMITATIONS AND EXCLUSIONS

Residents of West Virginia who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the West Virginia Life and Health Insurance Guaranty Association. The purpose of this Association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The West Virginia Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in West Virginia. You should not rely on coverage by the West Virginia Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy. For a complete description of coverage, consult Article 26A, Chapter 33 of the West Virginia Code.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk.

Insurance companies or their agents are required by law to give or send you this notice. *However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.*

The Guaranty Association or the West Virginia Insurance Commission will respond to questions you may have which are not answered by this document. Policyholders with additional questions may contact:

West Virginia Life and Health Insurance Guaranty Association

P.O. Box 816
Huntington, West Virginia 25712

West Virginia Insurance Commissioner

Consumer Services Division
1124 Smith Street, Rm 309
P.O. Box 50540
Charleston, West Virginia 25305-0540
(304) 558-3386
Toll Free 1-800-642-9004
TDD 1-800-435-7381

The state law that provides for this safety-net coverage is called the West Virginia Life and Health Insurance Guaranty Association Act. On the back of this page is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the West Virginia Life and Health Insurance Guaranty Association if they live in West Virginia and hold a life or health insurance contract, annuity contract, unallocated annuity contract, or if they are insured under a group life, health or annuity insurance contract, issued by a member insurer. Member insurer also includes non-profit service corporations (W. Va. Code §33-24) and health care corporations (W. Va. Code §33-25). The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are **not** protected by this Association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose Guaranty Association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- the policy was issued at a time when the insurer was not licensed or authorized to do business in the state;
- their policy was issued by an HMO, a fraternal benefit society, mandatory state pooling plan, a mutual protective association or similar plan in which the policyholder is subject to future assessments, an insurance exchange, or any entity similar to the above.

The Association also does **not** provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual or contractholder has assumed the risk;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends;
- credits given in connection with the administration of a policy by a group contractholder;
- employer or association plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them) or uninsured, including:
 - i. multiple employer welfare arrangement;
 - ii. minimum premium group insurance plan;
 - iii. stop loss group insurance plan; or
 - iv. administrative services only contract.
- any unallocated annuity contract issued to an employee benefit plan protected under the federal pension guaranty corporation;
- any portion of any unallocated contract which is not issued to or in connection with a specific employee, union or association's benefit plan or a governmental lottery.
- Any policy or contract providing any hospital, medical, prescription drug or other health care benefits pursuant to Medicare Part C and D;
- an obligation that does not arise under the written terms of the policy, including claims based on marketing materials; claims based on side letters or riders not approved by the Commissioner; misrepresentations regarding policy benefits; extracontractual claims or claims for penalties or consequential or incidental damages.
- A contractual agreement that establishes the member insurer's obligation to provide a book value guaranty for defined contribution benefit plan participants by reference to a portfolio of assets that is owned by the benefit plan or trustee, which is not an affiliate of the insurer.

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the Association is obligated to pay out. The Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, regardless of the number of policies or contracts, the Association will only pay:

- \$300,000 in life insurance benefits, but no more than \$100,000 in net cash surrender and net cash withdrawal values;
- \$300,000 for disability insurance;
- \$300,000 for long term care insurance;
- 250,000 in the present value annuity benefits, including net cash surrender and net cash withdrawal values;
- \$500,000 for basic major hospital medical and surgical insurance or major medical insurance, and;
- \$100,000 for all other types of accident and sickness insurance than those listed above (disability, long-term care, and major medical).

Also, for any one insured life, the Association will only pay a maximum of \$300,000 – no matter how many policies and contract there were with the same company for all policies or contracts other than major medical insurance, in which case the aggregate limit shall not exceed \$500,000 with respect to any one individual.

Note to benefit plan trustees or other holders of unallocated annuities (GICs, DACs, etc.) covered by the act: for unallocated annuities that fund governmental retirement plans under §§ 401(k), 403(b) or 457 of the Internal Revenue Code, the limit is \$250,000 in present value of annuity benefits including net cash surrender and net cash withdrawal per participating individual. In no event shall the Association be liable to spend more than \$300,000 in the aggregate per individual; for covered unallocated annuities that fund other plans, a special limit of \$5,000,000 applies to each contract holder, regardless of the number of contracts held with the same company or number of persons covered. In all cases, of course, the contract limits also apply.



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TruStage Insurance Agency

TruStage Insurance Policy

Issued by CMFG Life Insurance Company

**Please review your policy and
save it in a secure place.**

FILING A CLAIM

By phone: 1-888-787-8243
By email: TruStageClaims@cunamutual.com
By mail: TruStage Insurance
CMFG Life Insurance Company
PO Box 61
Waverly, IA 50677-0061

When filing your claim, please provide the following information:

- insured's name
- insured's date of birth
- insured's date of death, or accidental injury
- policy number(s), and
- evidence of death (a death certificate or in most cases, an online obituary), or accidental injury.

If you're not the beneficiary, you may be asked for the beneficiary's contact information.

Please note: Policies in force for two years or less will require additional documentation for claim review.



We're here when you need us.

Get help:

1-888-787-8243

Get more coverage:

1-844-500-0969

Manage your account:

TruStage.com



CMFG Life Insurance Company

P.O. Box 61 • 2000 Heritage Way
Waverly, IA 50677-0061
Phone: 800.779.5433

TERM LIFE INSURANCE POLICY TO AGE 80

POLICY NUMBER: LC0127434

READ YOUR CONTRACT CAREFULLY. THIS IS A LEGAL CONTRACT. We promise to pay the proceeds and to provide the benefits described in this policy if all its terms and conditions are met. This policy is issued to the Owner based on your application and in exchange for timely payment of premiums.

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YOUR RIGHT TO EXAMINE THIS POLICY: If for any reason you decide not to keep this policy, you have 30 days (or the number of days required by applicable law in the state where the policy is delivered, if more than 30) to return it or notify us that you do not want to keep it. You may return it or notify us or the agent who sold it to you. This 30-day period will begin on the date you received the policy, or the date we receive the initial premium, if later. We will refund any premiums paid, including any fees or charges. The policy will be void from the start and will be treated as if it had not been issued.

Signed for CMFG Life Insurance Company on the effective date.

A handwritten signature in black ink, appearing to read 'Robert N. Tunney'.

President

A handwritten signature in black ink, appearing to read 'P. B. [unclear]'.

Secretary

TERM LIFE INSURANCE POLICY TO AGE 80
Renewable Annually.
Convertible To Insured's Age 80 Policy Anniversary.
Non-Participating.

POLICY DATA PAGE**POLICY NUMBER: LC0127434**

INSURED: JEFFERY D LAWHON
 ISSUE AGE: 56
 GENDER: Male

EFFECTIVE DATE: 02/14/2018
 FINAL CONVERSION DATE: 02/14/2042

OWNER(S): JEFFERY D LAWHON

<u>Policy</u>	<u>Amount of Insurance</u>	<u>Premium Payable</u>	<u>Premium Class</u>
Term to 80 Policy	\$70,000.00	To Age 80 Policy Anniversary	Standard

TERM TO 80 POLICY PREMIUMS:

<u>Insured's Attained Age</u>	<u>Monthly Payment</u>	<u>Quarterly Payment</u>	<u>Semi-Annual Payment</u>	<u>Annual Payment</u>
56-59	\$120.10	\$360.30	\$720.60	\$1,441.20
60-64	\$186.60	\$559.80	\$1,119.60	\$2,239.20
65-69	\$283.90	\$851.70	\$1,703.40	\$3,406.80
70-74	\$445.60	\$1,336.80	\$2,673.60	\$5,347.20
75-79	\$729.80	\$2,189.40	\$4,378.80	\$8,757.60

The policy premiums shown above include an annual policy fee of \$30.00

Jurisdiction of Issue: WV

Department Telephone Number: 304.558.3354

SECTION 1.	DEFINITIONS
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1.01 What are the most commonly used terms and what do they mean?

Age. The Insured's age at issue is his or her age as of their last birthday. An Insured's Age under the policy will be increased by one year on each Policy Anniversary thereafter.

Authorized Request. A request sent by the Owner to us. An Authorized Request must be in a form satisfactory to us and must be received at our administrative office. We may consent to receiving requests electronically or by telephone.

Beneficiary, Beneficiaries. The person(s) (or entities) who will receive the death proceeds due to the Insured's death.

Company. CMFG Life Insurance Company. Also referred to as "we", "our" and "us".

Insured. The person whose life this policy insures. The Insured is shown on the Policy Data Page.

Irrevocable Beneficiary. A Beneficiary who has certain rights that cannot be changed unless he or she consents to the change.

Legal Partner. The person with whom you have entered into a legally-sanctioned domestic partnership or civil union that grants you the same rights, responsibilities, and obligations as opposite-sex married couples in accordance with applicable state laws. We will not recognize a partner relationship in any state that does not legally recognize such relationship.

Modal Period. A period of time that is based on the premium payment frequency elected by you. You may elect to pay your premium every month, every three months (quarterly), every six months (semi-annually) or every 12 months (annually).

Owner. The person(s) (or entity) who owns this policy. The Owner is shown on the application, unless later changed as allowed by this policy. If no Owner is named, then the Insured is the Owner. The Owner is also referred to as "you", "your" or "yours".

Policy Anniversary. The same day and month as the effective date for each succeeding year your policy remains in force.

Policy Year. The 12-month period ending on any Policy Anniversary.

Premium Class. The classification which, along with the Insured's Age and gender, will determine the premium that is charged. The Insured's Premium Class is shown on the Policy Data Page.

Proof of Death. Proof of Death satisfactory to us. Such proof will consist of a certified copy of the death certificate of the Insured, or other lawful evidence providing equivalent information and proof of the claimant's interest in the proceeds.

SECTION 2.	PREMIUMS
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2.01 What are the premiums for your coverage? The premium schedule is shown on your Policy Data Page.

Premiums are based on the Insured's attained Age on your Policy Anniversary and will increase as shown on your Policy Data Page.

2.02 When are premiums due and where are premiums paid? All premiums must be paid during the Insured's lifetime and received by us on or before the date they are due. The initial premium is due on the effective date of insurance. Successive premiums are due on the first day of each successive Modal Period. Premiums must be paid to us at our designated office.**2.03 Can the premium be paid after the date it is due?** You have 31 days beyond the due date to pay your premium. This is called the grace period. Your policy will continue in force during the grace period. Any payments sent by mail must be postmarked on or before the end of the grace period. If the Insured dies during the grace period, we will deduct the premium for this 31-day grace period from the death proceeds. This 31-day grace period does not apply to the initial premium payment.

- 2.04 What happens if a premium is not paid before the end of the grace period?** If a premium is not paid before the end of the 31-day grace period, the coverage will lapse. You may, however, ask us to reinstate the coverage within five years of the last premium due date. In order to do so, we will require the following:
- a.) Your Authorized Request for reinstatement during the Insured's lifetime;
 - b.) Evidence of insurability which is satisfactory to us; and
 - c.) Payment of one month's past due premium.

SECTION 3. COVERAGE PROVIDED

- 3.01 What is the coverage provided by this policy?** This policy provides term life insurance with a level death benefit to the Policy Anniversary on or next following the Insured's 80th birthday. It provides a death benefit to your Beneficiary if the Insured dies while covered under this policy.
- 3.02 Can the coverage be renewed?** Coverage can be renewed annually on your Policy Anniversary provided:
- a.) The Insured's Age on the date of renewal is less than 80;
 - b.) Premiums have been paid to your current Policy Anniversary; and
 - c.) We receive payment of the renewal premium by the end of the 31-day grace period following your current Policy Anniversary.
- 3.03 When will insurance coverage begin?** The coverage provided by this policy takes effect only after the following:
- a.) We receive and approve your written application; and
 - b.) We have received the initial premium.

Coverage on the Insured then takes effect on the effective date shown on the Policy Data Page.

If we do not receive an initial premium with the application, there is no insurance in effect until we receive your initial premium. Your initial premium must be received on or before the premium due date. If this initial premium is not paid on or before the premium due date, your policy will be deemed void and your application for insurance will be withdrawn. Any premium received after the premium due date will be refunded to you.

- 3.04 When will insurance coverage end?** The coverage provided by this policy will end automatically on the earliest of:
- a.) The date of the Insured's death;
 - b.) The date your policy lapses due to nonpayment of the required premium;
 - c.) The Policy Anniversary on or next following the Insured's 80th birthday;
 - d.) The date you convert to an individual permanent life insurance policy; or
 - e.) Upon your Authorized Request to terminate coverage.

SECTION 4. PAYMENT OF PROCEEDS

- 4.01 When do death proceeds become payable?** The death proceeds become payable to the Beneficiary on file at our administrative office when we receive Proof of Death of the Insured.
- 4.02 What amount is payable as death proceeds?** The amount of death proceeds payable to your Beneficiary will be determined as of the date of the Insured's death. The amount payable is the total of:
- a.) The amount of insurance shown on the Policy Data Page;
 - b.) Plus any portion of any premium paid beyond the Insured's date of death; and
 - c.) Minus any portion of any premium due as of the Insured's date of death.

We will pay interest on death proceeds from the date of the Insured's death until the date of payment. Interest will be paid at an annual rate equal to the current interest rate in effect on the date of death for proceeds left on deposit, or if we have not established a rate for funds left on deposit, at the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve.

Payment will be made within 31 calendar days of the latest of the following:

- a.) The date we receive Proof of Death;
- b.) The date we receive sufficient information to determine liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; or
- c.) The date that any legal impediments to payment of proceeds that depend on the action of parties other than us are resolved and sufficient evidence of the same is provided to us. Legal impediments to payment include, but are not limited to: 1.) The establishment of guardianships and conservatorships; 2.) The appointment and qualification of trustees, executors and administrators; and 3.) The submission of information required to satisfy state and federal reporting requirements.

In the event payment is postponed for more than 31 calendar days from the latest of items (a), (b) or (c) above, the annual rate of interest during the period of postponement (beginning on the 32nd day until the date of payment) will be equal to the interest rate described above, plus 10%.

- 4.03 How are death proceeds paid?** The death proceeds are paid in a single sum unless a settlement option has been selected. We reserve the right to pay proceeds to an estate or other entity in a single sum. Payment is subject to the rights of any assignee of record.

You may select a settlement option while the Insured is living by Authorized Request. The written consent of each Irrevocable Beneficiary and assignee, if any, will be required at the time of selection.

Generally, a Beneficiary can select a settlement option only after the Insured's death. However, you may designate that a Beneficiary is not permitted to change a settlement option you have selected.

SECTION 5. CONVERSION PRIVILEGE

- 5.01 Can coverage be converted to a permanent life insurance policy?** You may elect to convert this policy to any individual permanent life insurance policy that we make available for such conversion provided:

- a.) Your Authorized Request is made on or before the final conversion date shown on your Policy Data Page; and
- b.) All premiums due on this policy have been paid.

The effective date of conversion (the "conversion date") will be the premium due date following receipt of your Authorized Request to convert. The conversion date will also be the issue date of your new policy.

The suicide and incontestability provision for your new policy will be measured from the effective date of this policy.

- 5.02 What amount can be converted?** Any amount up to or equal to the amount of insurance shown on the Data Page for the "Term to 80 Policy" may be converted. However, the amount of insurance to be converted must be at least equal to the minimum amount of insurance we require to issue the new permanent life insurance policy. Any amount up to or equal to the amount of insurance shown on the Data Page for an "Accidental Death Rider", if included with this policy, may also be converted to an available Accidental Death Rider on the new policy. Conversion of an Accidental Death Rider included with this policy is subject to any issue age requirements or minimum and maximum amount limitations per the new rider.

- 5.03 What basis will be used to determine the premium for the new policy?** The premium will be based on the Insured's Age at the time of conversion and on the Insured's gender and Premium Class. The Premium Class for the new policy will be the same Premium Class as this policy. If the same Premium Class is not available, the Premium Class will be a comparable Premium Class, as determined by us.

The premium for the new policy is due on the conversion date.

- 5.04 Will evidence of insurability be required?** Evidence of insurability will not be required unless you request an additional benefit rider that we make available for issue with the new policy. If you request an additional benefit rider with the new policy which was not included in this policy, we will require evidence of insurability which is satisfactory to us. Any additional benefit rider will be contestable for a 2-year period based on evidence given in the application for the additional benefit rider.

SECTION 6.

BENEFICIARY

- 6.01 Who is the Beneficiary?** The Beneficiary is named on your application, unless later changed as allowed by this policy.

There are different classes of Beneficiaries called primary and contingent. There can be more than one Beneficiary per class. The primary Beneficiaries will be paid equally unless otherwise specified. If there is no primary Beneficiary listed or all primary Beneficiaries predeceased the Insured, proceeds will be paid equally, unless otherwise specified, to the contingent Beneficiaries.

If no primary or contingent Beneficiary outlives the Insured, or if there is no named Beneficiary, the death proceeds will be paid in the following order:

- a.) The Insured's spouse or Legal Partner, if living; otherwise
- b.) Equally to the Insured's living lawful children, if any, as of the Insured's date of death, and regardless of their age; otherwise
- c.) To the Insured's estate.

The term "lawful children" includes the Insured's stepchildren, children born to the Insured, and the Insured's legally adopted children (or pending finalization of proposed adoption). Lawful children of the Insured's Legal Partner are considered the Insured's stepchildren.

- 6.02 Can the Beneficiary be changed?** Unless you indicate that the Beneficiary cannot be changed without the Beneficiary's consent (an Irrevocable Beneficiary), you can change the Beneficiary at any time by Authorized Request. The written consent of each Irrevocable Beneficiary and assignee, if any, will be required as part of such Authorized Request.

A request for change of Beneficiary will, unless otherwise specified by you, take effect as of the date you signed the request. However, we will not be responsible for any payment made or other action taken before we record the request.

SECTION 7.

OWNER

- 7.01 Who is the Owner?** The Insured is the Owner unless it is otherwise specified in the application or subsequently changed as allowed under this policy. All the rights allowed under the policy may be exercised solely by the Owner.

If the Insured is not the Owner, ownership will pass automatically to the Insured on the date of the Owner's death. A change of ownership due to the death of the Owner will take effect on the date we receive Proof of Death.

In the event there is more than one Owner:

- a.) All elections and other actions that may be taken by the Owner, according to the terms of the policy, require joint action by all such persons; and
- b.) Death of Owner refers to the death of the last living Owner.

- 7.02 What are the Owner's rights and how does he or she exercise his or her rights?** Ownership rights include changing ownership, changing Beneficiaries, assigning the policy, and exercising all other rights and privileges allowed by the policy. Ownership rights may be exercised only during the Insured's lifetime by Authorized Request.

- 7.03 How is ownership of this policy changed?** A change of Owner may be made at any time before the Insured's death by Authorized Request. The written consent of each Irrevocable Beneficiary and assignee, if any, will be required as part of such Authorized Request. The request for change of Owner, unless otherwise specified by you, will take effect as of the date the request was signed. The change will be subject to any payment made or action taken before the request is recorded.

SECTION 8.

GENERAL PROVISIONS

- 8.01 What does the entire contract consist of?** This policy, any attached rider(s), endorsement(s), and/or amendments, and any application attached to the policy, are the entire contract between you and us.

No one except a Company officer can change or give up any of the rights or requirements in this policy. Any change must be in writing.

We will accept statements made in any application or reinstatement application, in the absence of fraud, to be representations and not warranties.

- 8.02 When does your policy become incontestable?** This policy is incontestable after it has been in force during the Insured's lifetime for two years from the effective date or reinstatement date. Statements made in the application or reinstatement application will not be used by us to void your policy or challenge a claim, unless the statement is material, is contained in your application that is attached to your policy, and within the contestable period.

After this 2-year period, we cannot contest coverage except for: a.) Non-payment of premiums; or b.) Fraud in the procurement of the policy or reinstated policy, if permitted by applicable law in the state where the policy is delivered.

If this policy is void as a result of a contest, the premiums you paid for this policy (including any rider premiums) will be refunded to you without interest.

- 8.03 What if the Insured's Age or gender has been misstated?** If the Insured's Age or gender is misstated, we will adjust the amount payable and other benefits. This adjustment will be based on what the premium would have purchased at the correct Age or gender. If the correct Age is not within the issue Age range for this policy, the premium and benefits will be determined by us using extrapolation. Extrapolation is a method of mathematically calculating the values in a logical manner, based on the known values.

- 8.04 Can your benefits be assigned?** You may assign the benefits provided by this policy. In order for us to honor the assignment, we must receive notice of your assignment which includes your signature as well as that of each Irrevocable Beneficiary. Assignments, unless otherwise specified by you, will take effect on the date the notice of assignment is signed by you, subject to any payments made or action taken by us prior to receipt of notice. We are not responsible for the validity or effect of the assignment.

- 8.05 Is there a reduction in benefits for deaths caused by suicide?** Suicide by the Insured, while sane or insane, within two years of the policy effective date or reinstatement date will result in a reduced death benefit. If the Insured dies by suicide during this 2-year period, the death proceeds payable to your Beneficiary will be limited to the premiums paid (including any rider premiums).

- 8.06 Who approved this policy?** This policy was approved under the authority of the Interstate Insurance Product Regulation Commission Standards (IIPRC) and issued under the commission standards. Any provision within this policy that is in conflict with the IIPRC standards for this product type is hereby amended to conform to the IIPRC standards for this product type as of the policy's effective date.

- 8.07 Can we modify your policy?** Your policy may be modified by us if such modification is necessary to comply with the Internal Revenue Code or any other applicable law, regulation or interpretation in order to continue treatment of the policy as life insurance. We will notify you if such modification is required. When required by law, we will obtain your approval and the approval from the appropriate regulatory authority for such modification(s).

SECTION 9.**SETTLEMENT OPTIONS**

- 9.01 What are the optional modes of settlement at the Insured's death?** There are two optional modes of settlement available for payment of proceeds. They are described below. Other options may be available upon agreement between you and us. The minimum amount which can be applied under these options is the greater of \$5,000, or the amount required to provide monthly payments of \$50. If an optional mode of settlement is not selected before the Insured's death, your Beneficiary may make such selection by written request.

The rates shown in the tables below are used to determine the minimum monthly payments. If higher current rates are applicable, they will be provided upon request. Current rates will not be less than the rates that would be offered by us if the proceeds were used to purchase a single premium immediate annuity.

Option 1 - Installment Option. We will pay equal monthly payments for a chosen number of years, not less than 5 nor more than 30. If the original payee (your Beneficiary) dies before payments have been made for the chosen number of years:

- a.) Payments will be continued for the remainder of the period to the successor payee; or
- b.) The present value of the remaining payments, computed at the interest rate used to create the Option 1 rates, will be paid to the successor payee or to the last surviving payee's estate, if there is no successor payee.

The amount of each monthly payment for each \$1,000 of proceeds applied under this option is shown in the following table:

<u>Number of Years</u>	<u>Monthly Payment</u>
5	17.49
10	9.18
15	6.42
20	5.04
25	4.22
30	3.68

The Option 1 rates are based on 2% interest per year.

Option 2 – Life Income - Specified Guarantee Period Certain. We will pay monthly payments for as long as the payee lives. We will require satisfactory proof of the payee's Age and gender. If the original payee (your Beneficiary) dies before all of the payments have been made for the specified guaranteed period certain:

- a.) Payments will be continued during the remainder of the guaranteed period certain to the successor payee; or
- b.) The present value of the remaining payments, computed at the interest rate used to create the Option 2 rates, will be paid to the successor payee or to the last surviving payee's estate, if there is no successor payee.

The specified guaranteed period certain choices are:

- a.) 0 years (life income only);
- b.) 10 years; or
- c.) 20 years.

The amount of each monthly payment for each \$1,000 of proceeds applied under this option is shown in the following table:

Years	MALE					FEMALE				
	Ages					Ages				
	55	60	65	70	75	55	60	65	70	75
0	3.90	4.42	5.12	6.10	7.44	3.60	4.04	4.63	5.46	6.66
10	3.86	4.34	4.95	5.70	6.57	3.58	4.00	4.54	5.25	6.16
20	3.70	4.04	4.38	4.68	4.88	3.49	3.83	4.20	4.56	4.83

These monthly payments are based on the Annuity 2000 Mortality Tables with compound interest at an effective rate of 2%. Monthly payments for any period or Age not shown, if allowed by us, will be calculated on an actuarially equivalent basis and will be furnished upon request.

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048-1197-8

LC0127434

\$120.10

**truSTAGE**

APPLICATION FOR TruStage Individual Term Life Insurance to Age 80

CMFG Life Insurance Company
P.O. Box 61, 2000 Heritage Way
Waverly, IA 50677-0061
1-888-787-8243 or visit TruStage.com

APPLICANT COVERAGE

Jeffery D Lawhon

3350 A Hollands Branch Rd

Barboursville WV 25504

Primary phone (304) 707-7478

Email address glawhon1968@gmail.com

Date of birth REDAC Gender ☒ Male ☐ Female

Social Security Number REDACTE

Select the amount of Term Coverage

☒ \$70,000

Will the coverage applied for replace, discontinue, or change any existing life coverage or annuities in this or any other company?

☐ Yes - company name and policy no.☒ No

BENEFICIARY INFORMATION

Beneficiary Name(s)

Relationship to You

Amy J Nicholas

Friend

HEALTH INFORMATION

Please answer these questions

1) Are you unable to work or perform normal activities due to a chronic illness or permanent injury?

☐ YES ☒ NO

2) Have you, within the past 5 years, been treated for or diagnosed by a medical professional with the following: (check all that apply)

☒ YES ☐ NO☐ HIV, AIDS or AIDS-Related Complex☐ Cancer (except basal cell)☒ Heart Disease/Condition (except high blood pressure)☐ Diabetes Requiring Insulin☐ Stroke☐ Chronic Disorder of the Brain or Spinal Nerve☐ Alcohol or Drug Abuse☐ Chronic Liver Disease☐ Chronic Kidney Disease☐ Chronic Depression☐ Mental Disorder☐ Chronic Lung Condition

IMPORTANT

COMPLETE OTHER SIDE

ICC16-A10f-039

SIT-1508469.1-W

IST8016-C1

Approval is based upon your health and other factors affecting your insurability.

PAYMENT**Deduct**

- ☒ Monthly
☐ Quarterly
☐ Semi-annually
☐ Annually

Option 1* Deduct from my

- ☒ Checking Account
☐ Savings Account

Routing # **REDAC**Account # **REDACTED**Financial Institution name FIRST PRIORITY FEDERAL CREDIT UNION**Option 2* Deduct from my**

- ☐ Credit/Debit Card
 (MC/VISA/Discover Only)

Account # _____ Expiration date _____

Name of card holder _____

Special remarks _____

*I authorize by signing below, CMFG Life Insurance Company to deduct premiums from the account I've selected for the life coverage applied for on this application. This authorization will remain in effect until revoked by me in writing or by phone.

If you leave this section blank, you will receive a bill.

Option 3

- ☐ Please send me a bill.

AGREEMENT

I authorize by signing below, that all my statements and answers are true to the best of my knowledge and belief. This application and any supplemental application(s) will be the basis of any Insurance Issued. I understand that: (1) benefits may be denied during the first 2 years from the effective date if I fail to give true and complete answers in this application, as described in the incontestability provision of the policy; and (2) this Insurance becomes effective only if: a.) my application is approved and a policy issued; b.) my first full premium due is received while I am alive and within 21 days of my policy's effective date; and c.) the answers to questions concerning my insurability are as stated in this application.

I authorize any pharmacy benefit manager or other pharmaceutical firm having information about my prescription drug records to give all information to CMFG Life Insurance Company ("Company") to determine eligibility for insurance or benefits. Information obtained will be released only to persons performing business duties as delegated or contracted for by the Company related to my application and subsequent insurance-related functions, as permitted or required by law, or as I further authorize. The health information shared for these purposes is not subject to federal health information privacy laws; however state privacy laws do apply.

I agree this authorization is valid for 24 months or such time limit as provided by applicable state law, a copy is as valid as the original, and I or my authorized representative can receive a copy upon request. For purposes of collecting information in connection with a claim for benefits, this Authorization is valid for the duration of the claim.

I understand that: (1) I can revoke this authorization at any time by written request to the Company; (2) revocation of this authorization will not affect any prior action taken by the Company in reliance upon this authorization; and (3) failure to sign, or revocation of this authorization may impair the Company's ability to evaluate claims or process applications and may be a basis for denying this application or a claim for benefits.

SIGNATURE

Required Signature and Date Signed Authorizes Payment and Agreement

Electronically Signed 2018-02-14 16:02:20 UTC - 25,112,127,182
X Jeffery d Lawhon
02a72055-1614-4321-8637-a850101321eb

02/14/2018

Applicant's Signature

Date Signed

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison, and denial of insurance benefits, depending on state law.

QUESTIONS? CALL TOLL-FREE

1-888-787-8243

TruStage.com

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